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#### **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	DONAKOWSKI
Title	DONAKOWSKI SHAPE ACTUATOR SAFETY.
Art Unit	
Examiner Name	
Attorney Docket Number	771503

I hereby appoint:					
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Practitioners at Custome	r Number:				
OR					
Practitioner(s) named be	low:				
	Name	Registration	on Number		
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	s) to prosecute the application identified	above, and to transact all busine	ss in the United States Patent and		
Trademark Office connected the	erewith.				
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Address			<del></del>		
City	BERKELEY	State CA	Zip 94707		
Country	USA				
Telephone	510-524-7733	Fax 510-5	58 - 7260		
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Applicant/Inventor.					
	he entire interest. See 37 CFR 3.71.				
Statement under 37 C	FR 3.73(b) is enclosed. (Form PTO/SB/	/96)			
	SIGNATURE of Applica	nt or Assignee of Record			
Name WILLIAM	n J. DONAKOV	NSKI			
Signature William	Donness				
Date 1 7-/3 =	2003	Telephone	510.334,0610		
NOTE: Circulation of all the improvement			Cultural multiple		
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# POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	DONAKOWSKI
Title	DONAKOWSKI SHAPE ACTUATOR SAFETY
Art Unit	
Examiner Name	
Attorney Docket Number	71503

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	Country	USA				
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	Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Mark A. Gummin						
Signature May a - Dummi						
Date 1/11/62 Telephone (10+)967-0333						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
forms if more than one signature is required, see below.						
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PTO/SB/81 (06-03)

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### **POWER OF ATTORNEY**

#### and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	
Filing Date	
First Named Inventor	DONAKOWSKI SHAPE ACTUATOR SAFETY.
Title	SHAPE ACTUATOR SAFETY.
Art Unit	
Examiner Name	
Attorney Docket Number	71503

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Name Geoffe	y A. Craines		<u> </u>			
Signature	7					
Date 7/23	703	Telephone (570) 89	18-55-25			
17/03		t or their representative(s) are required. Submit multiple				
forms if more than one signature is						
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71503

PTO/SB/01 (10-01)

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**DECLARATION FOR UTILITY OR** 

**Attorney Docket Number** 

DESIGN	First Named Inv nto	Don	akowski				
PATENT APPLICATION		COMPLETE IF KNOWN					
(37 CFR 1.	Application Number						
✓ Declaration	Declaration	Filing Date					
Submitted OR	Submitted after Initial Filing (surcharge	Art Unit					
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I here	eby declare that:						
My residence, mailing address, and cit	tizenship are as stated belov	v next to my name.					
I believe I am the original and first inve	entor of the subject matter wh	nich is claimed and for whic	h a patent is	sought on the inve	ention entitled:		
SMA Actuator S	Safety Mechanism						
SIVIA ACIDATOR S	balety Mechanism						
the specification of which	(Title of the In	vention)					
[ <del>]</del>							
is attached hereto							
OR .	······································						
was filed on (MM/DD/YYYY)		as United States A	pplication Nu	mber or PCT Inter	national		
Application Number	and was amende	d on (MM/DD/YYYY)		(if a	pplicable).		
I hereby state that I have reviewed and any amendment specifically referred to		the above identified specif	fication, includ	ding the claims, as	s amended by		
I acknowledge the duty to disclose info							
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United							
States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is							
Prior Foreign Application		Foreign Filing Date	Priority	Certified C	opy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claim		NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

[Page 1 of 2]

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### DECLARATION — Utility or D sign Pat nt Application

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Howard Cohen							
Address 1105 The Alameda							
Berkeley			CA			94707	
City			State			ZIP	
USA	51( Telep	0-524-7733 hone				510-558-7260 Fax	
I hereby declare that all statements made herein of mare believed to be true; and further that these states made are punishable by fine or imprisonment, or bot validity of the application or any patent issued thereor	my owr ements oth, und	n knowledge are	n the kno	owiedde that Willi	ui taise	de on information and belief statements and the like so	
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as bee	en filed for this	unsigr	ned inventor	
Given Name (first and middle [if any])			Family or Sur	y Name	kowsł	ki	
Inventor's Signature Moulem Mondraud.  Date  7-18-2003  Date							
El Sobrante		CA		USA		USA	
Residence: City		State		Country		Citizenship	
Mailing Address 131 Creekside Court							
El Sobrante		CA	- <del></del>	94803	3	USA	
City	<del></del>	State		ZIP		Country	
NAME OF SECOND INVENTOR:		A petition ha	s been	filed for this u	nsigne	ed inventor	
Given Name Mark A.  (first and middle [if any])							
Inventor's Mark a. Lumin Signature Mark a. Lumin							
St. Helena		CA		USA		USA	
Residence: City State Country Citizenship							
1731 St. Andrews Court							
Mailing Address  O4574							
St. Helena		CA State		94574	+	USA Country	
Additional inventors are being named on the	1 sup		onal Inve		TO/SB		

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#### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:						
Geoffrey Given Name			Gaines Family Name or Surname			
Inventor's Signature					Date 7/23/03	
Berkeley Residence: City	CA State	Count	USA try		USA Citizenship	
2927 Regent St.  Mailing Address						
Mailing Address						
City	CA State	ZIP	94705	Country	USA Y	
Name of Additional Joint Inventor, if any	y:	☐ A pa	etition has been file	ed for this	s unsigned inventor	
Given ————————————————————————————————————						
Inventor's Signature					Date	
Residence: City	Coun	Country Citizenship				
Mailing Address						
Mailing Address						
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Name of Additional Joint Inventor, if an	y:	☐ A pe	etition has been filed	d for this	unsigned inventor	
Given Name or Surname						
Inventor's						
Residence: City	State	Co	ountry		Citizenship	
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